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## BIB DATA SHEET

CONFIRMATION NO. 5657

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/560,509	08/29/2006 RULE	424	1618	PZ0386
<b>APPLICANTS</b> Duncan Hiscock, Buckinghamshire, UNITED KINGDOM; Ben Newton, Buckinghamshire, UNITED KINGDOM; Benedicte Guilbert, Buckinghamshire, UNITED KINGDOM;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB04/05003 11/26/2004				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0327494.1 11/26/2003				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/30/2006				
Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>  UNITED KINGDOM	<b>SHEETS DRAWINGS</b>  0	<b>TOTAL CLAIMS</b>  31
Verified and Acknowledged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /LEAH H SCHULTZ/ Examiner's Signature	Initials	<b>INDEPENDENT CLAIMS</b>  2	
<b>ADDRESS</b>  Amersham Health Inc IP Department 101 Carnegie Center Princeton, NJ 08540 UNITED STATES				
<b>TITLE</b>  Novel imaging agents				
<b>FILING FEE RECEIVED</b>  1580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit